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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/EP99/05476 07/26/1999

A)

** FOREIGN APPLICATIONS *****

NETHERLANDS 98202594.2 07/31/1998

A)

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NETHERLANDS	DRAWING 2	28	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Attenuated equine herpesvirus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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